

<b>Case Number:</b>	CM14-0082344		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old male who sustained work-related injuries to his right knee on May 2, 2013 due to a fall while performing his usual and customary duties under the employment of [REDACTED]. He has an initial diagnosis of tear of the lateral meniscus of the right knee, small tear of the medial meniscus of the right knee, and chondromalacia of the lateral tibial plateau. As per medical records submitted, he has received conservative therapy in the past consisting of medications and private physical therapy sessions with very little benefit. He is status post right knee arthroscopy performed on January 7, 2014. Consultation on February 19, 2014 indicated complaints of pain and weakness of the right knee with occasional popping and grinding. Examination showed tenderness and decreased strength when elevating/abducting against resistance. Magnetic resonance arthrogram and x-ray of the right knee was performed on the same date, which showed unremarkable results. As per progress report dated April 1, 2014, the injured worker experienced a flare-up of his right knee pain after having some physical therapy when the therapist bent his knee forcefully, causing "intense right knee pain." Physical therapy progress note dated April 28, 2014 indicate recent increase in overall right knee pain rated as 7/10. He described pain over the right knee patellar tendon, deep within the right patella, medial and lateral aspect of the right patella, supra patellar area, right distal adductor muscle and right quads, and swelling over the posterior aspect of the right knee. Examination noted antalgic gait with use of single point cane, right quadriceps atrophy, swelling over the right knee region and three healed arthroscopic portals over the right anterior knee. Right knee ranges of motion and gross strength were diminished. Patellar grind test was positive. It was noted the injured worker has 18 visits remaining in therapy. Progress report dated April 29, 2014 noted physical examination findings of right antalgic gait favoring the left, well-healed portal scars of the knee, 2+ tenderness over the abductor group over the anterior knee and intracapsular swelling

upon standing. The injured worker remains temporarily totally disabled. A request for continuation of physical therapy three times a week for four weeks was submitted on May 19, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**PT (Physical Therapy) 3 times a week for 4 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that physical therapy treatment is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The American College of Occupational and Environmental Medicine state that physical therapy is indicated for patients with meniscal tears having undergone surgical repair, particularly with functional deficits such as residual weakness. In this case, the injured worker has received post-operative physical therapy since January 17, 2014 and has exceeded the recommended amount per guidelines. Review of physical therapy notes dated April 28, 2014 in comparison to therapy notes dated March 31, 2014 indicated no change in examination findings: persistence of right knee pain rated as 7/10, severe limitation to activities, 3+/5 gross muscle strength, positive patellar grind test, and further reduction in knee flexion (117 degrees in March 31, 2014; 115 degrees in April 28, 2014). There is no documentation submitted providing evidence that prior physical therapy treatments have provided significant functional gains or exceptional factors. Therefore, it can be concluded that the medical necessity of the requested physical therapy 3 times a week for 4 weeks for the right knee is not medically necessary.